

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in cominal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9026	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Timothy E Riva	Namo Sheet Metal Workers Local 218 Uman
	Labor Organization File Number 517-675
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 154 E Munigan	Street 2855 Via Verde
City Jacksonville	City Springfield
State Illinois ZIP Code +4 62650	State Illinois ZIP Code +4 62703
5 Position in labor organization Trustee	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.  6 Name and address of Employer (including trade name if any)	derived income or other economic benefit of on represents or is actively seeking to represent.  7 a Nature of Interest Transaction or Income
Trade Name if any	
PO Box Bldg Room No If any	7 b Amount
Street	
City	
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned statiowledge and belief true correct and complete (See the se	on 8/12/05 (217) 243-5578
$\Lambda$	Date Telephone Number



Name of Person Filing Timothy E Riva	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name International Training Institute for the Sheet METAL and Air Conditioning Industry  Trade Name if any ITI  PO Box Bldg Room No if any	9 Business deals with    X   a Labor Organization   b Trust   c. Employer	
Street 601 N. Fairfax St., Suite 240  City Alexandria  State Virginia ZIP Code + 4 22314		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name if any P O Box Bldg Room No if any	The ITI is a related trust to Smull Local 218	
Street	11 b Approximate dollar value of such dealing	
State ZIP Code + 4	A total of #3,960.46 was received for air, hotel and per diem on expenses incurred in attending ITI classes for instructors.	
	12 b Amount. #3,960,96	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name if any		
P O Box Bldg Room No If any		
Street		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	